

COURSE ROSTER

POST 2-111 (Rev. 7/96) Page 1 of 2

A. COURSE CONTROL NUMBER		B. COURSE TITLE				C. COURSE PRESENTER				D. COURSE PRESENTATION DATES			
										FROM _____ TO _____			
E. NAME OF TRAINEE (LAST, FIRST, M.I.) (PRINT OR TYPE)	F. SOCIAL SECURITY NUMBER	G. TRAINEE STATUS CHECK ONE				H. TIME BASE: CHECK ONE		I. DEPARTMENT OR AGENCY	J. NUMBER COURSE HOURS ATTENDED	K. SUCCESSFULLY COMPLETED COURSE		L. PC 832 CODE	M. COMMENTS (2 Line Limit)
		PEACE OFFICER	RESERVE OFFICER	DIS- PATCHER	NON- PEACE OFFICER	FULL- TIME	PART- TIME			YES	NO		
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
N. SIGNATURE OF COORDINATOR		O. DATE				P. TELEPHONE ()				Q. PAGE _____ OF _____ PAGES			

SECTIONS E-K MUST BE COMPLETED FOR ALL TRAINEES
INSTRUCTIONS ON PAGE 2

INSTRUCTIONS FOR COMPLETION OF THE COURSE ROSTER FORM

The Course Roster form is to be completed and submitted by the course coordinator to POST within ten days following completion of the course [Refer to PAM, Regulation 1055(i)]. The trainee information for sections E - I can be obtained from the Training Reimbursement Request (TRR), POST 2-273, submitted to you by trainees from agencies in the POST Reimbursement Program. For those trainees without TRRs, the information must be provided either by the trainee or his/her employing agency.

Complete the lettered sections of the form for each trainee attending the course presentation. Ditto marks may be used where appropriate. Typed information is preferred.

- A. **COURSE CONTROL NUMBER:** Enter the course control number assigned by POST on the approved Course Announcement form POST 2-110.
- B. **COURSE TITLE:** Enter the title of the course as indicated on the course certification.
- C. **COURSE PRESENTER:** Enter name of the school, agency, individual, or firm authorized to present the course as indicated on the course certification.
- D. **COURSE PRESENTATION DATES:** Enter beginning date and ending date of training.
- E. **NAME OF TRAINEE:** Enter the names of all trainees enrolled in this course by last name, first, middle initial.
- F. **SOCIAL SECURITY NUMBER:** Enter each trainee's social security number. This number will be used on appropriate POST records as a reliable identifier.
- G. **TRAINEE STATUS:** For each trainee, check the most applicable box indicating the trainee's status. Brief definitions of each status follow:

Peace Officer - Is an employee subject to assignment of the prevention and detection of crime and the general enforcement of the criminal laws of this state.

Reserve Officer - Is an individual appointed as a Level I, II, or III Reserve Officer under the authority of Section 832.6 of the Penal Code.

Dispatcher - Is a non-peace officer who performs duties which include receiving emergency calls for law enforcement service and/or dispatching law enforcement personnel.

Non-Peace Officer - Is a civilian, non-sworn employee other than a dispatcher.
(See dispatcher, if more applicable)

- H. **TIME BASE:** For each trainee, check the most applicable box indicating the trainee's time base at the time of course attendance. Brief definitions of each time base follows:

Full-time Employment as defined by local charter or ordinance; and, the employee normally works in excess of 20 hours weekly or 87 hours monthly; and, the employee is tenured or has a right to due process in personnel matters; and, the employee is entitled to workers' compensation and retirement provisions as are other full-time employees of the same personnel classification in the department.

Part-time - Anything less than conditions specified in full-time definition.

NOTE: If submitting an Amended Roster, on top of form write or type Supplemental Sheet.

- I. **DEPARTMENT OR AGENCY:** Enter the name of the current agency employing the trainee. If the trainee has no agency affiliation, enter "NONE".
- J. **NUMBER COURSE HOURS ATTENDED:** Enter the total number of hours attended by the trainee. It is important that the instructor keep a daily account of the trainee's hours of attendance, as the hours will affect the reimbursement process.

PC 832 SPECIFIC

- K. **COMPLETED COURSE:** Use the correct PC 832 Code under the columns **YES/NO**.
EXAMPLE: If a student successfully completed both the Arrest and Firearms segments a **B** would be placed under **YES**. If a student successfully completed the Arrest Segment and failed the Firearms segment place an **A** under **YES** and an **F** under **NO**. If student failed both the Arrest and Firearms segments place a **B** under **NO**.
- L. **PC 832 CODE:** If presenting a PC 832 course, Arrest and Firearms, enter the appropriate code to signify which segments of the course were successfully completed by each trainee.

A = Arrest only

F = Firearms only

B = Arrest and Firearms

- M. **COMMENTS:** If a student fails either or both segments of Arrest and Firearms explain why in the comments section.

- K. **COMPLETED COURSE:** (YES/NO): Enter an "X" mark in the appropriate column. An "X" mark in the "Yes" column indicates the trainee satisfactorily completed all the requirements of the course. If the trainee has missed more than 5% of the certified hours of a Basic Course, or more than 10% of the certified hours of any other POST-certified course, attach a written statement explaining how successful completion was accomplished. [See PAM Regulation 1055(j)].

An "X" mark in the "No" column indicates the trainee failed to complete all the requirements of the course. If "No" is marked, explain reason for failure in Comments, section M.

- L. See section "L" above.

- M. **COMMENTS:** Use this section to explain anything that needs clarification on this roster. If there is insufficient space for your comments in section M, enter "see reverse" and indicate your comments in the space below.

- N. **SIGNATURE OF COORDINATOR:** The course coordinator or designee shall sign the Course Roster form.

- O. **DATE:** Enter date signed.

- P. **TELEPHONE:** It is important that POST staff have the phone number of the coordinator in the event there is need for additional data or clarification of information.

- Q. **PAGE OF PAGES:** Record the Course Roster page number followed by the total number of Course Roster pages submitted. This is done to account for all pages submitted.

Comments: